

## FORM G-2: TARGETED INTERVENTION PLAN FORM

Name of Applicant:\_\_\_\_\_

Name of Intervention:\_\_\_\_\_

Use this form to describe your proposed target populations and interventions. Use a separate targeted intervention form for **each** target population and **each** intervention proposed if you are applying for funding in Category 2, EBIs.

### **I. TARGET<sup>1</sup>**

**Target Population (include BDTP, sex, race/ethnicity. In addition, provide age group, and HIV status if appropriate.)**

<sup>1</sup>Target populations and interventions should match those identified in your area action plan. Only list ONE target population per intervention plan form.

### **Morbidity Area Served**

For this section, please provide the morbidity area where you will be primarily providing services to clients. Area action plans were developed along high morbidity analysis zones and low morbidity analysis zones (HMAZ, LMAZ). Please provide service areas in terms of these HMAZ/LMAZ areas, plus or minus specific counties in those morbidity areas.

## II. DEMOGRAPHICS

Provide an estimate of the total number of clients expected annually. For EBIs, please provide estimates for the number of clients who complete these interventions. For PCPE, provide the number of initial counseling sessions expected. For individual-level interventions and outreach, please provide the number of client contacts expected. Provide detailed contacts for EBI, PCM, and PCPE interventions (A) and indicate the approximate number of outreach contacts expected for these interventions under “outreach” (B).

### A. Estimated number of client contacts (annual) for EBI, PCM, and PCPE Interventions

<b>Sex</b>		<b>Race</b>		<b>HIV Status</b>	
Male	_____	African American	_____	HIV Positive	_____
Female	_____	Asian	_____	HIV Negative	_____
Transgender	_____	Native American	_____	Unknown	_____
<b>Total Sex</b>	_____	Pacific Islander	_____	<b>Total HIV status</b>	_____
		Anglo/White	_____		
<b>Age Group</b>		Multiracial	_____	<b>Ethnicity</b>	
13-19	_____	Other	_____	Hispanic	_____
20-24	_____	<b>Total Race</b>	_____	Non-Hispanic	_____
25-29	_____			<b>Total Ethnicity</b>	_____
30-39	_____	*Note: Hispanic is not a race.			
40+	_____				
<b>Total age</b>	_____	<b>Total sex=Total age=Total race=Total ethnicity=Total</b>			
<b>HIV status</b>					

B. Estimated number of contacts (annual) for all outreach activities related to this intervention: \_\_\_\_\_

## III. WORKPLAN

Workplans are descriptions of the overall activities to be performed by the project. This includes the format, setting, and delivery mechanism of the intervention; a realistic plan for reaching the client(s); quality assurance and accountability mechanisms; collaboration efforts; and evaluation to ensure fidelity of the interventions. The workplan should clearly outline logical linkages between the problem(s) the intervention addresses, the activities to deliver the intervention, the immediate outcomes, and the resulting behavior changes for the target populations. The workplan may be described in a narrative format or graphically via a logic model.

A logic model is a way of describing the main elements of an intervention and how they work together to prevent HIV in a specific population. A basic logic model includes:

- The issues/problems/barriers faced by the target population that the intervention will address

- The activities that are a part of the intervention
- The immediate and behavior change outcomes in clients that will result from participating in the intervention

Examples of logic model formats are shown in **Appendix B**. Regardless of the format, the following elements must be included:

**Issues/Problems/Barriers to Prevention:** Interventions are only effective if they meet the real HIV prevention needs of a population. The CPG in each community planning area conducted a needs assessment, and a summary of the issues, problems and barriers to prevention for different targeted populations. This is included in all AAPs. Each agency may also have its own assessment information about the needs and problems faced by the proposed target populations. Start the logic model by stating the issues/problems/barriers to prevention that the intervention will focus on. These issues must include the factors that put this population at risk, such as attitudes, beliefs, lack of prevention skills, relationship/interpersonal issues, social support, and access. The issues may be listed, or you can write a statement of the problem. Do not list issues/problems/barriers that the proposed intervention will not address.

**Intervention Activities:** This lays out how the intervention will address the issues of the population. Give enough detail so that the reader understands what will happen to the client (such as a two-session group intervention) and what kinds of activities and content focus the intervention has (discussion of role model stories that deal with beliefs about who is at risk and social stigma of condom use). If the intervention has many components, as most community-level interventions do, list all components within this model (such as small media campaign, the activities within the group intervention, and distribution of condoms). If elements are added to an established intervention to better suit a targeted population, please let the reader know which elements are being added or adapted. Regardless of the format utilized, the intervention activities must be linked to the issues they are meant to address. If there is an issue without an activity, reconsider including it in the model. If there is an activity without an issue, reconsider why you are proposing the activity. Remember that the objectives must also fit in logically with these activities, although the objectives are not shown on this model.

**Immediate Outcomes:** These are the immediate results of the intervention, such as changes in knowledge, attitudes, beliefs and skills. Intent to change behavior can also be an immediate outcome. Immediate outcomes are the things the program will be accountable for as outcomes of an intervention. If they are not logically related to the activities and issues, think twice about putting them in the logic model. Make the links between the outcomes and the rest of the model very clear.

**Behavior Changes:** These are the changes in the risk behavior that are logical extensions of the immediate outcomes of the intervention.

**Instructions for applicants applying for funding in Category 1, PCPE/PCM:**

Provide a narrative description of the implementation of the proposed project following the outline starting in item A below.

**Instructions for applicants applying for funding in Category 2, EBIs:**

For each proposed EBI , please provide a logic model that depicts the proposed relationship between the intervention and the expectations regarding its outcome. Please refer to the sample logic models provided in **Appendix B**. Follow each logic model with a narrative description of the implementation of the intervention. The narrative must address each item listed in each of the following categories:

A. Preliminary Activities - What pre-implementation activities are necessary? This may include conducting of a rapid assessment of a population to see if an intervention requires adaptation, pilot testing/pre-testing activities with the target population to obtain feedback on the adaptations, and training of staff.

B. Service Delivery – Provide a narrative overview of the proposed intervention. The narrative must include a description of:

1. How the services are delivered (group presentation, one-on-one, etc)
2. Number of sessions and how often these sessions are offered
3. The service area from which clients are recruited
4. The setting and location of the intervention
5. Core elements of the intervention (parts of the intervention that must be maintained for the intervention to remain effective)
6. Any adaptations and the justification for making the adaptation
7. What organizations will collaborate to implement this intervention? How?
8. What referrals will be given to this population? How will referrals be tracked and documented?
9. Discuss your plan to develop protocols that are consistent with meeting the prevention needs of this target group. How will your existing protocols be changed to meet the needs of this population?
10. How will you assure that the intervention is being implemented as intended?

C. Staffing issues:

1. Number of paid FTEs
2. Number of volunteers
3. Staff background and experience
4. Staff training required for implementation
5. Staff training required for maintenance of intervention quality
6. Supervision training required for implementation
7. Supervision required for maintenance of quality

D. Referral sources (Fill out attached referral form)

E. Cultural competence – Describe the agency's plan for assuring that services are culturally and linguistically appropriate.

F. Prepare a timeline in a month by month format which lists specific activities planned to be conducted for each year of the project period.

1. Pre-implementation activities
2. Services start date
3. Service delivery
4. Evaluation activities
5. Quality assurance activities

G. Other

1. What pamphlets and materials are needed for this intervention

2. What other resources are needed for the intervention